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"Disease, Wild Beasts, and Wilder Men": The Plymouth Brethren Medical Mission to Ikelenge, Northern Rhodesia

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“DISEASE, WILD BEASTS, AND WILDER MEN”¹: THE PLYMOUTH BRETHREN
MEDICAL MISSION TO IKELENCE, NORTHERN RHODESIA

¹ William Singleton Fisher and Julyan Hoyte, *Ndotolu: The Life Stories of Walter and Anna Fisher of Central Africa* (London, Pickering and Inglis, Ltd., 1987) pp. 21, Walter in a letter of correspondence with his mother about things they feared.

Introduction

The Plymouth Brethren² medical mission to the Ikelenge region of Northern Rhodesia, now Zambia, has many unique features. First, the Plymouth Brethren, a rebellious evangelical Christian denomination that formed in the 1800's. Second, the founding physician of Kalene Mission Hospital, Dr. Walter Fisher, a surgeon who used unprecedented and revolutionary social tactics to incorporate local culture into his medical and personal life. Lastly, the cultural and linguistic aspects of the Lunda-Ndembu tribe³ that allowed for the assimilation of Lunda culture and beliefs into the lives and medical practices of the Brethren.

Kalene Mission Hospital was, and is, uncommon in its administration of medical aid. The policies implemented more than a century ago by Dr. Fisher altered Lunda perceptions of western medicine and people. While not without its share of faults, Kalene and other mission stations started by the Fishers are examples of medical aid without Westernization as the end goal. The uniqueness of its policies put it in a category of its own in regard to implementation of aid work, as its policies embraced portions of indigenous culture, rather than completely demolished them. This historic and unique approach to missionary medical work is important to note as we move into an increasingly developed world, where one can pose the question, "What is the place of medical aid?"

Who are the Plymouth Brethren?

The concept of Christian missions' starts with the Great Commission Jesus gave the Apostles on a mountain in Galilee: "Go therefore and make disciples of all nations, baptizing

² From this point in the essay anytime a reference is made to Brethren it refers specifically to the Plymouth Brethren

³ Any reference to the Lunda, or Lunda-Ndembu refers specifically to the tribe in the region of Ikelenge, NWP, Zambia

them in the name of the Father, the Son, and the Holy Spirit.” (Matthew 28:19 ESV). Moving forward and to the West, religious disputes in England and across Europe had reached a turning point seventeen centuries after the Great Commission. These theological disagreements, centering on justification and assurance of salvation in the Christian life, gave rise to the Evangelical church. Drawing their beliefs from German Pietism and Moravianism the “Open Brethren” were one of the many new movements that formed⁴. Known also as the Plymouth Brethren, or simply Brethren, this assembly of believers had, “...a common bond of antipathy towards organized religion and an abhorrence of any ordained or central leadership.”⁵ The movement first gained recognition in the English religious census of 1851.⁶

The Brethren had several core beliefs that separated them from other Protestant and Evangelical churches of the time. Exasperated with the power struggles that enveloped church life, the Brethren sought to simplify worship. They would meet weekly to take communion and have a simple fellowship and worship service. Any adult male in the church, generally referred to as a “brother”, could lead communion and give a sermon; a far cry from the world of ordained priests. Brethren did not, and still do not consider themselves a Christian denomination. There is no central ruling body, no parish, no conference that they answer to; each church is self-governed. They also believe that of all the new Christian churches, theirs is the only true return to the church of the New Testament. They believe they are the only group who truly emulates the structure and principles of first century churches⁷.

⁴ Pauline Summerton, *Fishers of Men: The Missionary Influence of an Extended Family in Central Africa* (Tiverton Brethren Archivists and Historians, 2003), p. 3

⁵ Robert I. Rotberg, “Plymouth Brethren and the Occupation of Katanga, 1886-1907”, *The Journal of African History*, 5,2 (1964) pp. 286

⁶ Pauline Summerton, *Fishers of Men: The Missionary Influence of an Extended Family in Central Africa* (Tiverton Brethren Archivists and Historians, 2003), p. 4

⁷ Robert I. Rotberg, “Plymouth Brethren and the Occupation of Katanga, 1886-1907”, *The Journal of African History*, 5,2 (1964) pp. 286

One tenet of the Brethren's beliefs, however, was more pressing than others. They believed the second coming of Christ was imminent and, in accordance with the Great Commission, they had limited time to proselytize to the "heathens" around the world. In their mission work there were three main goals. The primary was to save sinners from hell; the second, to recognize the importance of individual spiritual growth in the mission field; and the third to disregard successes-and depend on God for everything.⁸

Brethren in Africa

Among the first Brethren missionaries to go to Africa was Frederick Stanely Arnot. Arnot had grown up in Glasgow, Scotland, with the children of the famed David Livingstone as his playmates. From childhood he had heard about the adventures of their father, and decided that he also wished to follow God's call to central Africa⁹. In 1881 Arnot left England for Baroteseland.¹⁰ After three years of no conversions, he moved west to Benguela. From there he felt called to go to Katanga¹¹ (also known as Garenganze or Shaba) and in 1886 reached the oppressive regime of Chief Msiri. Msiri raided local villages for slaves, sold off the healthy, killed anyone who resisted, killed the children, and decorated his compound with their skulls. Arnot spent a year in Katanga under Msiri, accomplishing little, due to the fear that ruled the lives of his subjects.¹²

⁸ Pauline Summerton, *Fishers of Men: The Missionary Influence of an Extended Family in Central Africa* (Tiverton Brethren Archivists and Historians, 2003), p. 8

⁹ Robert I. Rotberg, "Plymouth Brethren and the Occupation of Katanga, 1886-1907", *The Journal of African History*, 5,2 (1964) pp. 286

¹⁰ A state that originally encompassed portions of Zambia, Angola, Namibia, Botswana, and Zimbabwe

¹¹ A region that included parts of Zambia, Mozambique, and the Democratic Republic of the Congo

¹² *Ibid*, p. 287

In 1887 more missionaries arrived from England. They too were waylaid by Msiri's reign of terror, becoming little more than "white slaves" to him¹³. It was not long after this that Arnot decided to go back to England. On this furlough he recruited the young Dr. Walter Fisher to come back to central Africa with him.

In addition to Arnot, Daniel Crawford was another Brethren missionary who played a large part in the ideology of the medical mission established at Kalene Hill. Crawford was a young, Scottish missionary who arrived in Katanga in 1891. After Msiri's death, he moved to Lake Mweru (located in modern day Northern Province, Zambia) in 1894 and spent his time translating the Bible and proselytizing in local villages. Most notably, Crawford was a revolutionary mind of the period. His perspectives on mission work, Africans, and colonization are apparent in his book, *Thinking Black: 22 years Without a Break in the Long Grass of Central Africa*. Published in 1912, when many Christians equated "thinking black" with "thinking evil", some labeled Crawford a heretic.¹⁴

While today much of his language would be considered racist, oppressive, and imperialistic, it was revolutionary for the period. Crawford compared the rouge English women wore, with the face paint of local women, and pondered if there's really any difference¹⁵. When telling the story of a local student who slid back into old, sinful habits, he reminds readers that, "The kingdom of God is not for goody-goodies..."¹⁶. He even modifies the 1 Corinthians passage on love, "...if we speak a dozen African languages with the tongues of men and angels and have not love, then Africa only claims in us one more of the mob of sounding brass and

¹³ *Ibid*, p. 290

¹⁴ Walima T. Kalusa, "Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia 1906-1935", *Journal of South African Studies*, 40,2(2014) pp.292

¹⁵ Daniel Crawford, *Thinking Black: 22 Years Without a Break in the Long Grass of Central Africa* (New York, George H. Doran Co., 1912) p. 140

¹⁶ *Ibid*, p.237

clanging cymbals.”¹⁷ Crawford’s humanistic example shaped Fisher’s ministry period, and has had an effect on the generations of missionaries that followed.

Dr. Walter Fisher

Dr. Walter Fisher was born in Greenwich, England, November 28th, 1865. Dr. Fisher was the fifth of nine children, and grew up in a Brethren home. Walter was an introverted child, who from the age of seven expressed a desire to serve God in the mission field. In 1887 he graduated from Guy’s Hospital in London, receiving the gold medal for surgery¹⁸.

Fisher’s classmates described him as upright and moral. One classmate saying that, “If a questionable subject was being discussed it would be dropped as soon as Walter Fisher came into the room.”¹⁹ Fisher’s son, Singleton, described him as being “prone to introspection”. Noting that sometimes this led to depressive moods and a severe outlook on life. Singleton also records a lack of sympathy for people who his father believed were voluntarily not self-sufficient²⁰.

Words of criticism were few and far between in the records that describe Fisher’s passion for the people he treated, both spiritually and physically. Fisher made a concerted effort to build relationships with the Lunda and was always fair in his trading practices²¹. Additionally, his care for the Lunda is evident in his naming of Kalene Mission Hospital after their local chief, and in his giving his two youngest daughters middle names from local chieftesses, Katolo and Chilombo.²² When many Christian organizations were looking to rename Africans with traditional Biblical names, Fisher’s choice to assimilate was decidedly unique.

¹⁷ *Ibid*, p. 138

¹⁸ William Singleton Fisher and Julyan Hoyte, *Ndotolu: The Life Stories of Walter and Anna Fisher of Central Africa* (London, Pickering and Inglis, Ltd., 1987) p. 11-13, 16

¹⁹ *Ibid*, p. 15

²⁰ *Ibid*, p. 189

²¹ *Ibid*, p. 94

²² Mary Fisher, *Lampposts to Searchlights: The Brighter Side of Missionary Life* (Chingola, Lunda-Ndembu Publications, 1994) p. 36

Arnot was the missionary who initially recruited Fisher in late 1887. Prior to establishing Kalene Hospital in 1905, Fisher spent 18 years working as a missionary doctor in present day Angola. There he met a nurse named Susanna (Anna) Darling, they married and had eight children²³. An entire separate history could be written on the 18 years that Fisher spent in Angola. However, this study focuses specifically on his time in the Ikelenge region of Northern Rhodesia, and the establishment of Kalene hospital.

Who are the Lunda?

Fisher had interacted with different branches of the Lunda tribe prior to establishing Kalene Hospital. While at Kalene he specifically worked with the Lunda-Ndembu. The Lunda-Ndembu are a branch of the Southern Lunda, descended from the 17th century immigrants of the North Lunda Kingdom²⁴, just after the establishment of the Mwata Yamvo²⁵ dynasty²⁶. The region of Zambia that they occupy consists mostly of woodlands and grassy plains. During rainy season the rainfall is high, leading to a network of rivers that occupy the region. This network of rivers was important, as the Lunda were crucial porters in the trade of commodities like ivory, slaves, and copper during the Colonial Period.²⁷

Lunda staple crops include cassava, millet, maize, tomatoes, and a variety of root vegetables. Hunting was, for men, an important rite of passage, but has declined as tribal patterns

²³ Monica Fisher, *Nswana-The Heir, The Life and Times of Charles Fisher A Surgeon in Central Africa* (Ndola, Mission Press, 1991 pp. XVI, XVII, 52

²⁴ This was located in modern day Democratic Republic of the Congo, but also included regions of what is now northern Zambia

²⁵ The Mwata Yamvo dynasty existed from 1665-1887 in the North Lunda Kingdom.

John Thornton, *Africa and Africans in the Making of the Atlantic World* (Cambridge, Cambridge University Press, 1998) pp.340

²⁶ Victor Turner, *Lunda Medicine and the Treatment of Disease* (Livingstone, Rhodes-Livingstone Museum, 1963) p. V

²⁷ James Pritchett, 'Lunda', *Encyclopedia of World Cultures*. The Gale Group, 1996

changed. The Lunda have transitioned from being semi-nomadic tribespeople, who would move their village every three to four years, to sustenance farmers.²⁸ Today, many remain farmers, although small shops and a few government office positions in Ikelenge now also provide employment.²⁹

Traditional Lunda Beliefs

The Lunda religion and culture is heavily influenced by belief in the supernatural, and includes no formal distinction between a natural world and metaphysical world. When missionaries arrived in the late 1890's, there was no word or phrase in Lunda that described the idea of an accident or chance. They believed that everything that happened was influenced by the spirits of the ancestors, the *priori*, or summoning of evil spirits, the *musalu*. They treated disease, *musong'u*, as a "species of misfortune".³⁰ Other misfortunes included reproductive problems, bad luck at hunting, and physical accidents. Whether a stomach ache or a faulty arrow, the Lunda believed a supernatural being controlled it.

While the Lunda believed that the causes of disease are otherworldly, that did not necessarily affect the treatments they prescribed. In some cases, when the Lunda believed the cause of the disease to be an actual manifestation of a spirit, versus a curse by a spirit, bitter smelling and tasting herbs were used to drive the spirit out. Most often though, the treatment of a condition was based upon a system of colors.³¹

²⁸ Victor Turner, *Lunda Medicine and the Treatment of Disease* (Livingstone, Rhodes-Livingstone Museum, 1963) p. V

²⁹ Author's observations, May 15th, 2016

³⁰ *Ibid*, p. 1-3

³¹ *Ibid*, p. 19, pages 10-41 describe treatments of disease, and why the treatment is believed to work. Page 19 specifically references bitter herbs used to drive out a spirit.

Traditional Lunda medicine functions under the principle of color sympathy treatments. The three major colors were black, white, and red. These colors were used both in treatments and as symbols in Lunda culture. White was a “good” color, it signified strength, life, and health. Black in turn was bad, and indicated having disease, lack of luck, suffering, and hidden things. Red was a more complex color, symbolizing strength, power, and joy, as well as murder and witchcraft.³²

The concept of color sympathy means that if one’s illness contains a color element, then the cure must also contain something of that color. For example, the red pustules of chickenpox should have red-colored treatments applied to them in order to heal. Texture sympathy was used in much the same way. If someone had a stiff neck, beeswax was applied to make the neck softer, like the consistency of the beeswax.³³

In addition to herbal treatments, there were other traditions the Lunda had regarding *musong’u*, several of which were particularly unpopular with the Brethren. One that bothered Dr. Fisher’s wife, Anna, was the practice of leaving a newborn infant to die on its mother’s grave if she had perished during childbirth. Eventually, this led to her opening an orphanage near Hillwood Farm, just outside of Ikelenge.³⁴ Other medical practices included throwing those infected with often fatal diseases like smallpox to the crocodiles and leaving old, injured, or handicapped village people out in the bush to be eaten by hyenas.³⁵ Since most of these

³² *Ibid*, p. 2

³³ *Ibid*, p. 46

³⁴ Monica Fisher, *Nswana-The Heir, The Life and Times of Charles Fisher A Surgeon in Central Africa* (Ndola, Mission Press, 1991 pp. 47

³⁵ Elsie Burr (Milligan), *Kalene Memories Annals of the Old Hill* (London, Pickering and Inglis, Ltd., 1956) p. 42. Also, William Singleton Fisher and Julyan Hoyte, *Ndotolu: The Life Stories of Walter and Anna Fisher of Central Africa* (London, Pickering and Inglis, Ltd., 1987) pp.69

directives were precipitated by a visit to the local witch doctor, the Fishers made a special effort to work with the Rhodesian government to round up and turn in any that they knew of.³⁶

Initial Contact and Conflicts

Of the many issues that were to be expected when introducing Brethren medical missionaries to Lunda culture, there were six overarching points of contention: an outright fear of westerners; genuine disbelief of the gospel message; language barriers that went deeper than simple translation errors; Brethren assumptions about how the gospel would be received and spread; an imperialistic mindset towards “heathen” Africans; and lastly some of the less-than-scientifically-founded medical beliefs of the twentieth century.

When Walter Fisher arrived in central Africa in 1888, only 23 years after the United States had officially stopped their slave trade, inter-tribal slaves were still common as in the case of Msiri’s kingdom. In other regions, some missions had engaged in the slave trade in an attempt to stall it.³⁷ The Brethren never participated in the slave trade, unless it was to provide shelter to a slave who escaped, and to condemn it all together.³⁸ It took time for Fisher to build trust with the Lunda, and prove he wasn’t a slave trader in disguise. This mistrust initially inhibited Lunda-missionary relations.

Another major roadblock in both proselytization and building relationships with the Lunda was their disregard of the gospel. Furthermore, how the Lunda’s disregard affected their

³⁶ Walima T. Kalusa, “Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia 1906-1935’, *Journal of South African Studies*, 40,2(2014) pp.288

³⁷ Monica Fisher, *Nswana-The Heir, The Life and Times of Charles Fisher A Surgeon in Central Africa* (Ndola, Mission Press, 19910 pp. 96

³⁸ *Ibid*, p. 35

view of missionaries and western culture as a whole. They believed the gospel was a story, or some sort of fable.³⁹ One chief who came to visit the Fisher's home and sell them provisions commented on his views of the missionaries: "If this white man is fool enough to be taken in, it is up to me to do it."⁴⁰

The Lunda culture's spiritualism and ritualism functioned under a principle relatively similar to karma, every action has a reaction. That the blameless son of a god would die so that "sinful" people could get to the afterlife was counterintuitive to Lunda tradition. Because the Lunda did not accept the existence of accidents or circumstance, anything and everything that happened to the Fishers was a sign of supernatural powers at work. When events happened that appeared to be in the missionaries' favor, it was perceived as a sign of the Fisher's supernatural favor. Likewise, when things went poorly for the missionaries it meant that their god could not be omnipotent, as they claimed he was.⁴¹ Some perspective of how deeply entrenched the Northern Rhodesians were in their beliefs could be noted in a survey taken in the 1940's at the medical school in the capital of Lusaka. Seventy percent of second year medical students listed witchcraft, witches, and magic as the major causes of disease.⁴²

A more anticipated issue was the language barrier. The primary issue being the lack of Lunda words that existed to translate medical terminology. Looking at the Lunda language, the term Brethren and the auxiliaries used to describe illness was *musong'u*. While doctors and nurses at Kalene were referring to microbial organisms that caused an immune response, the term *musong'u* in Lunda refers to a "species of misfortune". The Brethren use of this word at

³⁹ William Singleton Fisher and Julyan Hoyte, *Ndotolu: The Life Stories of Walter and Anna Fisher of Central Africa* (London, Pickering and Inglis, Ltd., 1987) pp. 83

⁴⁰ *Ibid*, p. 104

⁴¹ *Ibid*, p. 178-179

⁴² Walima Kalusa, 'Language, Medical Auxiliaries, and the Reinterpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922-1951', *Journal of Eastern African Studies*, 1, 1 (2001) pp. 68

Kalene only served to reinforce the Lunda belief that western medicine was simply superior witchcraft.⁴³ Even when the missionaries learned other words to describe bacteria and viruses, literally calling them “small bugs”, the Lunda still believed they were put there or manipulated by an evil spirit.⁴⁴

This leads into another related communication issue that Brethren faced while they were setting up mission stations in and around Kalene Hill. Medical missionaries of this period, including Fisher, believed that the most effective way to persuade tribespeople to abandon their “heathen” beliefs was to teach them the science behind illness.⁴⁵ The idea was that this brief, simplified medical education would break down the tribal belief system, ultimately leading to conversion to Christianity. As stated previously, this medical education did not go as intended. The assumption by missionaries that natives would not only immediately understand and believe what they said, but be willing to change their lives drastically was a large one. Daniel Crawford describes it best when he refers to it as a “policy of make-believe”.⁴⁶

Part of the assumption that the Lunda would be easily converted was because they were African, and was connected to the imperialistic and racist mindset during this period. This approach combined with a Christian superiority complex, meant that no matter how kind the Brethren were, they still believed that they were inherently better than the Lunda.⁴⁷ The mindset of the European missionary was that “Africa had not even reached the state of recognizing her

⁴³ Victor Turner, *Lunda Medicine and the Treatment of Disease* (Livingstone, Rhodes-Livingstone Museum, 1963) p.2

⁴⁴ Walima Kalusa, ‘Language, Medical Auxiliaries, and the Reinterpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922-1951’, *Journal of Eastern African Studies*, 1, 1 (2001) pp. 70

⁴⁵ *Ibid*, p. 62

⁴⁶ Walima Kalusa, ‘Christian Medical Discourse and Praxis on the Imperial Frontier Explaining the Popularity of Missionary Medicine in Mwinilunga District, Zambia 1906-1935’, *The Spiritual in the Secular Missionaries and Knowledge about Africa*. 2012 pp. 259

⁴⁷ Ashis Nandy, *The Intimate Enemy: Loss and Recovery of Self Under Colonialism* (Calcutta, Oxford University Press, 1983) p. xi

needs.”⁴⁸ When Mary Fisher, daughter-in-law to Walter Fisher, and Elsie Milligan, a former nurse at Kalene, described how the Lunda perceived the missionaries at Kalene, it is clear they lived under this bias. Their respective autobiographies have few, if any, words of rebuke for missionary actions. They quote only local villagers who had glowing things to say about Dr. Fisher and Kalene. Both of their autobiographies are embodiments of colonial mindsets at the time.

From a humanistic perspective there were inarguably some good deeds happening at Kalene, like cataract surgeries and malaria treatments. However, everyday life at Kalene, Lunda perceptions of the Brethren, and actual conversion rates, were not usually going as well as they were described. Mary Fisher and Elsie Milligan wrote autobiographies of the time they spent at Kalene, and fell into the common trap of western historians of their time. They had a tendency to paint the Lunda and other nearby tribes as appreciative and submissive groups, often more like well-behaved children than fully-functioning societies with complex governmental systems.⁴⁹

In another Brethren mission station at Musonweji, the parents of Dr. Robert Foster—a Brethren surgeon who would go on to establish Kaonde Hospital—were only too keen to keep their distance in relationships with the local tribe. Even into the 1950’s cross-cultural friendships were rare, and missionaries often did not desire to have any. Missionaries were there to proselytize and teach, but not to develop community or personal relationships. When Foster and his father were having a discussion years later, the senior Foster stated: “If you’d been here when we arrived and had seen what they’ve come from, you’d realize that they would have been

⁴⁸ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, Stanford University Press, 1991) p. 73

⁴⁹ Mary Fisher, *Lampposts to Searchlights: The Brighter Side of Missionary Life* (Chingola, Lunda-Ndembu Publications, 1994) p. 105, see also Elsie Burr (Milligan), *Kalene Memories: Annals of the Old Hill* (London, Pickering and Inglis, 1956) p. 18. For another non-Brethren example see Kenneth Bradley, *The Story of Northern Rhodesia* (Cape Town, Longmans, Green and Co. 1946) pg.1-2

embarrassed, and so would we to invite them into our home for a meal.”⁵⁰ While these missionaries preached of a god who loves all as they come, western racism and social norms limited their own love for the people they witnessed to. Imperialistic views of social and religious superiority were not the fault of missionaries, but were certainly propagated by them. These views impacted their effectiveness as “spreaders of the good news”, but also did nothing to improve Euro-African relationships.

The last issue faced by missionaries was that late nineteenth century and early twentieth century medicine was barbaric by today’s standards. Meaning that even while Dr. Fisher thought that his techniques were groundbreaking, to someone with the benefit of one hundred years or more of hindsight, the medical beliefs of that time were not drastically more scientific from Lunda traditional practices.⁵¹ While inventions like the x-ray (1905) and antibiotics (1928) were effective, there were several other treatments and beliefs that had questionable origins. For example, some western beliefs concluded that infant mortality was a sign of the mother’s sin, poor sanitation gave way to poor morals, and a village with straight roads improved overall health.⁵² These western beliefs, while for the most part harmless, had more basis in superstition than science. Combining this with the Lunda belief that western medicine was little more than superior witchcraft, and the Lunda did not perceive the Brethren as being scientific, or Christ-like.

⁵⁰ Lorry Lutz, *Sword and Scalpel: A Surgeon’s Story of Faith and Courage* (California, Promise Publishing, 1990) p. 46

⁵¹ Walima T. Kalusa, “Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia 1906-1935’, *Journal of South African Studies*, 40,2(2014) pp.289

⁵² Daniel Crawford, *Thinking Black: 22 Years Without a Break in the Long Grass of Central Africa* (New York, George H. Doran Co., 1912) p. 441-446

What Made Kalene Different?

As many issues as the Brethren faced, Kalene was and is a respected hospital in the region.⁵³ It still provides the only reliable anti-malarial treatments for most of the Ikelenge region. This maintained positive relationship is probably due to the rapport Dr. Fisher and his children kept with patients and local villages.⁵⁴ The Brethren were a rebellious religious sect for their time, and it's therefore not surprising that they produced several insurgent missionaries. As previously stated, Daniel Crawford worked in the same region as Fisher, and Fisher described him as, "The most gifted thinker in the CMML."⁵⁵ In stark contrast to most missionaries at the time Crawford openly criticized current practices of other missions, as well as those of the Brethren.⁵⁶

Another missionary that Fisher admired was Roland Allen who wrote, *Missionary Methods, St. Paul's or Ours?* In his book, Allen discussed one of the phenomena that Fisher wanted desperately to avoid creating, "Rice Christians". Rice Christians are people who would declare themselves Christians in order to receive medical care, education, or other material benefits from missionaries. Rather than establishing a mission that would produce these types of converts and require foreign missionaries to run it for time eternal, Allen discussed St. Paul's desire to plant permanent churches. Ideally, indigenous populations would run these churches.⁵⁷

⁵³ Michael Finkel, *Stopping a Global Killer*, National Geographic Vol. 217, 6 (June 2007)

⁵⁴ *Ibid*

⁵⁵ CMML: Christian Missions to Many Lands, the Brethren missionary society

⁵⁶ Daniel Crawford, *Thinking Black: 22 Years Without a Break in the Long Grass of Central Africa* (New York, George H. Doran Co., 1912) p. 139, 445

CMML: Christian Missions to Many Lands, the Brethren mission organization

⁵⁷ Pauline Summerton, *Fishers of Men: The Missionary Influence of an Extended Family in Central Africa* (Tiverton Brethren Archivists and Historians, 2003), p. 72-72

Fisher and Crawford's isolation from their home assemblies in England provided these Brethren missionaries the space to create their ideal mission station. Fisher received substantial backlash for wanting to open a medical mission.⁵⁸ The primary fear was that "The Gospel of the Syringe" would produce insincere converts.⁵⁹ Yet, there was very little anyone in England could do while Fisher was in Northern Rhodesia. This freedom to treat and educate patients, to make mistakes without the fear of being accountable to a greater ruling body allowed Brethren mission stations the chance to both flourish and fail of their own accord.

Fisher took this liberty to treat patients in what some would consider a controversial method. He and other Brethren began to understand that try as they might to preach the gospel, something as intimate as health care could not be removed completely of its tribal trappings.⁶⁰ Rather than wholeheartedly reject Lunda medicine and traditional healing practices, Fisher tried to work them into his treatments, provided they had no direct implications of witchcraft removal. He and his staff would often sing and pray with patients. He always asked permission of a patient's family prior to doing a procedure. As was the practice in Lunda villages, family members would stay at the hospital and help feed and nurse the ill;⁶¹ however, this often led to disputes about treatments. Patients would request pills of a certain color, or tie pills to the affected limb rather than swallow them. One time a chief made a commotion as his slave received a larger tablet than he was to treat a different condition.⁶²

⁵⁸ Walima T. Kalusa, "Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia 1906-1935", *Journal of South African Studies*, 40,2(2014) pp.286

⁵⁹ Robert I. Rotberg, "Plymouth Brethren and the Occupation of Katanga, 1886-1907", *The Journal of African History*, 5,2 (1964) pp. 286

⁶⁰ *Ibid*, p. 284

⁶¹ *Ibid*, p. 286

⁶² Elsie Burr (Milligan), *Kalene Memories: Annals of the Old Hill* (London, Pickering and Inglis, 1956) p. 67-68

Walter Fisher's son, Singleton, even encouraged Lunda herbalism, knowing that there were certain traditional remedies that did work. Referring to at least one occasion when someone he was traveling with was bitten by a scorpion. Singleton's porter knew immediately that the scorpion had to be cooked and eaten to avoid serious harm.⁶³ Singleton was often frustrated by the close ties Lunda herbalism had to witchcraft, but he understood like other Brethren of that time, separation would come slowly.⁶⁴

Persisting and Modern Issues

Of the many conflicts that the missionaries experienced, some have resolved themselves over time. The western slave trade has been abolished for well over a century now, and while fears of westerners may persist, they are not due to the fear of being stowed on a boat and shipped halfway across the world with little chance of surviving the trip. Dr. Fisher's sons, Singleton and Ffoliott, handled the language barrier to a degree. Singleton and Ffoliott spent years translating the Bible and other literature into Lunda.⁶⁵ As they grew up speaking the language, their understanding of its intricacies, connotations, and denotations greatly improved the communication between the missionaries and the Lunda. While the superiority complex of western societies as a whole is still present, the Brethren belief about how medical missions were going to convert the masses has changed. There is no longer a "policy of make believe" regarding exactly how little Westernization and Christianity matters in the eyes of an

⁶³ Mary Fisher, *Lampposts to Searchlights: The Brighter Side of Missionary Life* (Chingola, Lunda-Ndembu Publications, 1994) p. 78

⁶⁴ Walima T. Kalusa, "Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia 1906-1935", *Journal of South African Studies*, 40,2(2014) pp.284

⁶⁵ Mary Fisher, *Lampposts to Searchlights: The Brighter Side of Missionary Life* (Chingola, Lunda-Ndembu Publications, 1994) p. 24

unconverted Zambian.⁶⁶ In terms of medical advances, since 1905 medicine has come an astounding distance. Most importantly, the mainstream medicine of today is more scientifically founded than that of the early 1900's.

However, there are still current issues that persist in medical care at Kalene. When Arnot returned to England in 1887 to convince Fisher and others to join him in Africa, Fisher asked him what the conditions were like in the region in regards to medical care. According to his daughter-in-law, Dr. Monica Fisher, the reply Arnot gave still held true in 1991: "The attitude to sickness and death is on of pure superstition. Illness can only be caused by evil spirits who work at the behest of some human enemy...only to be discovered with the help of the witchdoctor and punished generally by death...Thousands more are dying from disease which could be prevented or cured."⁶⁷ In addition to superstitious beliefs that inhibit scientific progress, issues like poverty, malnutrition, and a lack of medical resources lower the average life span of Zambians in Northwestern Province to 54 years. A full 24 years less than the average American in 2012.⁶⁸

It is also important to note that on the medical front Brethren fill an important gap for the Zambian government. If Brethren missions were to pull out today, Northwestern Province would lose over half of their tuberculosis testing sites, x-ray machines, and operating theaters.⁶⁹ Also meaning that if one needed surgery of any kind they would have to drive from Ikelenge to Mwinilunga. Because the roads are completely void of any pavement or gravel, during rainy season this trip can take upwards of six hours in a car.

⁶⁶ Interview with Sakeji School Nurse, May 25th, 2016

⁶⁷ Monica Fisher, *Nswana-The Heir, The Life and Times of Charles Fisher A Surgeon in Central Africa* (Ndola, Mission Press, 1991) pp. 12

⁶⁸ *2010 Census of Population and Housing Key Findings*, Central Statistical Office, Lusaka, Zambia, 2010

⁶⁹ *Health Facilities in North-Western Province*, The 2012 List of Health Facilities in Zambia-Preliminary Report (Draft No. 15) Lusaka, Zambia, p. 177-197

Since 1905 the western world has drastically changed. While some things in the Ikelenge region of Zambia have evolved drastically, much is still the same in terms of day to day living. Most Zambians in Ikelenge still live in one-room, mud brick house with dried grass roofs. If they are wealthy enough they have a solar panel for electricity and may even have a television or computer. Many have pay by the minute cellphones. The Lunda do their laundry with a rock by the river, prepare nshima over a fire and eat it with the same relishes today that Fisher's children described. There is no running water in Ikelenge, but there are wells.⁷⁰ That being said, the Brethren who currently run the mission organizations in and around Ikelenge (the orphanage, Sakeji School, Kalene Mission Hospital, as well as village ministries) were often born and grew up in Zambia. While they may have gone to Canada, the United States, or Great Britain for their education, they were raised in Zambia by Brethren and returned to Brethren mission stations.⁷¹ This separation from western developments and the very nature of Brethren ideology (no central ruling body) means that idealistic isolation and development can occur. Similar to the biological concept of speciation by geographic isolation, the Brethren who run the missions in Zambia don't have ideology that has developed with western movements, but Zambian movements instead. Additionally, their original and founding ideology is from Brethren beliefs in Europe in the 1880's and early 1900's.

This phenomenon, unique to the Brethren of the Ikelenge region, affects how their ministry now interacts with the rapidly westernizing nation of Zambia. The current expectations of the Brethren for women, skirt below the knee, head coverings in church, no make-up, no nail polish, and no jewelry, create a dichotomy with the day to day lives of the people in their mission

⁷⁰ Author's observations, June 7th, 2016

⁷¹ Author's observations, May 8th-June 16th, 2016

field.⁷² This dated mindset of what is socially permissible in Christian culture, circles back to affecting how Zambians perceive Brethren, the gospel, and westerners as a whole. This perception is especially important to the Brethren, as in the Ikelenge region they are competing with the African Apostolic healing churches. These churches promise supernatural healing at the hand of God without repressive social rules, a concept much more in line with local beliefs. The unfortunate consequence is that many people who attend these churches refuse to seek out other medical treatment when they are ill.⁷³

The Brethren's original bond of abhorring organized religions and general rebellious nature is also somewhat outdated. In a time when more Evangelical denominations than ever before are embracing "liberal movements" like the LGBTQ+ community, evolution, and women's rights, the Brethren in Zambia are frozen in time. With limited culture being imported, their ability to maintain relevancy is struggling.

Discussion

Kalene was in no manner a perfect mission station. As part of colonial African history, it is being reviewed constantly with regard to previously ignored biases. That being said, the unique treatment of both patients and culture has allowed Kalene to persist for 112 years. Through the dissolving of Northern Rhodesia, the formation of Zambia, and the struggles the new nation faced in the following years, Kalene has remained a constant.

As presented, Brethren at Kalene started treating Africans with basic human considerations years before it was mainstream. They were not subjects to be studied, or subpar

⁷² Ibid

⁷³ Interview with nurse who had worked at various Brethren hospitals in Zambia from 1996-Present, May 20th, 2016

because of their melanocytes, but their fellow man in need of medical care, education, and the gospel. The Brethren showed care and compassion to the Lunda. While it was for the ulterior motive of converting them, they acted much differently towards the tribespeople than any other white man had before them.⁷⁴ As also presented, the Brethren had their share of western imperialistic ideals, but the marginally more modern ideologies of Crawford, Allen and Fisher countered these. These displays of basic humanity, whatever the motive, paved the way for positive Western-Lunda relationships as early as the 1910's.⁷⁵

What relevance do Fisher's actions have at Kalene today? Fisher accepted Lunda traditions, tried to change those deemed inhumane, and provided medical care and support for the sick. Westernizing the Lunda was low on his priority list, and he agreed with Allen that mission stations should eventually produce churches with African leadership.⁷⁶ When he and his wife established the orphanage, they deliberately set it up like a traditional Lunda village. Children were taught how to raise crops, build a house, and make nutritious meals, rather than the proper way to take their tea.⁷⁷ It was actions like these that endeared Fisher to the Lunda, and can fortunately be replicated almost anywhere.

One example from 2016, where this acceptance of traditional culture is taking place, is at a rural hospital in Bolivia. The concept of intercultural birthing chambers has been introduced. Rather than frightened mothers being introduced to a white, shiny hospital smelling of antiseptic, these birthing rooms look like their houses in the rural Andes. Whether the mother has religious or superstitious beliefs about western medicine or modern hospitals, she is eased when she is

⁷⁴ William Singleton Fisher and Julyan Hoyte, *Ndotolu: The Life Stories of Walter and Anna Fisher of Central Africa* (London, Pickering and Inglis, Ltd. 1987) pp. 44

⁷⁵ Lorry Lutz, *Sword and Scalpel: A Surgeon's Story of Faith and Courage* (California, Promise Publishing, 1990) p. 87

⁷⁶ Pauline Summerton, *Fishers of Men: The Missionary Influence of an Extended Family in Central Africa* (Tiverton, Brethren Archivists and Historians, 2003) p. 73

⁷⁷ Elsie Burr (Milligan), *Kalene Memories Annals of the Old Hill* (London, Pickering and Inglis, 1956) p. 42

accompanied by a traditional partera (midwife). The parteras have offices among the surgeons and physicians, yet practice traditional birthing methods.⁷⁸ In the event that something goes seriously wrong during the birth, the modern medical world is footsteps away. This effort to accept traditional medicine and culture allows young mother to feel safe at the hospital, improving both their and their baby's chance of survival.

For western medical aid to move forward, religiously affiliated or not, the acceptance of culture rather than the desire to change it is necessary. One key reason for this is acceptance, is so that eventually, western medical aid in developing countries will no longer be needed. While places like Kalene have both historically and currently served a purpose, most of the issues they face in treatment are social. Moving to a new country and learning a new language and culture to do a job that someone from that country could do if the infrastructure existed is counterproductive. This is not to say that relief aid in areas of war or famine will not always be necessary. Nonetheless, regarding long-term care it would be more efficient economically, socially, and physically to educate and train local people in foreign countries to be physicians, nurses, and other medical personnel.⁷⁹ In a country like Zambia that has only existed independently for 53 years, and is still dealing with the effects of post-British occupation⁸⁰, for medical aid to remain in place is not necessarily a bad thing. As the government stabilizes and infrastructure increases, the time is coming for medical aid to gracefully take its leave.

⁷⁸ Michele Bertelli, Felix Lill, Javier Sauras, *How One Bolivian Hospital is Battling Maternal Mortality-By Reaching Back Thousands of Years*. Narratively. 2016

⁷⁹ Richard Stupart, *Does Voluntourism do More Harm than Good?* CNN Travel. 2013. Also, Robert D. Lupton, *Charity Detox: What Charity Would Look Like if We Cared About Results*. (New York, Harper Collins, 2015).

⁸⁰ Alfred Magagula, *Update: The Law and Legal Research in Zambia* (New York, Hauser Global Law School Program, 2014)

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